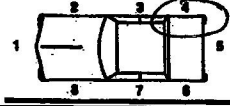
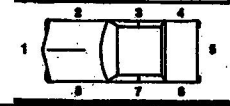
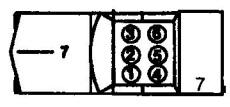

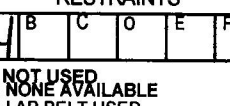


OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO.		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - 00 NOT MARK ABOVE				LOCAL FILE NO.																									
REPORT TAKEN	<input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED		1		CRASH SEVERITY (CHECK MOST SEVERE)		<input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150			HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED																								
IN COUNTY OF WARREN		IN CITY		LEBANON		DATE OF CRASH:		11/27/14		DAY			THUR		TIME: MILITARY		0939																				
CRASH OCCURRED ON		STATE ROUTE 48 (NORTH BROADWAY)		WITHIN THE INTERSECTION OF																																	
IF NOT IN INTERSECTION		MILES		FEET		W		N		E		S		OF		318		CITY CODE																			
LOG		LOC		JUR		FH9		FLT																													
A		UNIT NO.		1		NO OF OCCUPANTS		OPERATING		PARKED		DRIVERLESS		HIT & RUN NON CONTACT		INSURANCE CO OR AGENT																					
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)		PLATA, OTHONIEL, S		ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)		310 N. BROADWAY, APT D, LEBANON, OH 45036																															
PHONE NO.		(513) 282-8236		BIRTH DATE		5/04/59		AGE		55		SEX		M		SOCIAL SECURITY NO.																					
OWNER (IF SAME AS DRIVER, WRITE SAME)		SAME		ADDRESS		SAME		PHONE		SAMS																											
VEH YR		1998		MAKE		FORD		MODEL		F-150		COLOR		LINT		STYLE		TK		STATE		OH		LICENSE PLATE NO.		FPE8791		TOWING SERVICE		VEH/PED DIR		FROM W		TO N			
CIRCLE DAMAGE AREAS				9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY		<input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE		<input type="checkbox"/> NONE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION		<input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE		<input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE																	
8		UNIT NO.				NO OF OCCUPANTS		OPERATING		PARKED		DRIVERLESS		HIT & RUN NON CONTACT		INSURANCE CO OR AGENT																					
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)																																	
PHONE NO.				BIRTHDATE				AGE				SEX				SOCIAL SECURITY NO.				STATE				DRIVER'S LICENSE NO.				OCCUPATION									
OWNER (IF SAME AS DRIVER, WRITE SAME)				ADDRESS				PHONE																													
VEH YR				MAKE				MODEL				COLOR				STYLE				STATE				LICENSE PLATE NO.				TOWING SERVICE		VEH/PED DIR		FROM		TO			
CIRCLE DAMAGE AREAS				9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY		<input type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE		<input type="checkbox"/> NONE <input type="checkbox"/> LIGHT <input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION		<input type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE		<input type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE																	
C		FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTHDATE		AGE		POSITION		INJURIES																									
D		FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTHDATE		AGE		SEX		P-PEDESTRIAN				1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED																					
E		FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTHDATE		AGE		SEX		P-PEDESTRIAN				1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN																					
F		FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTHDATE		AGE		SEX		P-PEDESTRIAN				1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 5 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED																					
A		B		C		INJURED TAKEN TO		By		A		B		C		O		E		F		ALCOHOL		A		B		C		D		E		F			
D		E		F		INJURED TAKEN TO		By		A		B		C		O		E		F		ALCOHOL		A		B		C		D		E		F			
A		B		C		OFFENSE CHARGED AND DESCRIPTION		ORC CITY ORD.		A		B		C		O		E		F		ALCOHOL		A		B		C		D		E		F			
O		B		C		OFFENSE CHARGED AND DESCRIPTION		ORC CITY ORD.		A		B		C		O		E		F		ALCOHOL		A		B		C		D		E		F			
RECEIVED CALL		0939		DISPATCHED		0940		ARRIVED		0943		CLEARED		1015		OTHER TIME		5		TOTAL MINUTES		40		EJECTION		A		B		C		D		E		F	
DATE REPORT FILED		11/27/14		PHOTOS		YES <input checked="" type="checkbox"/> NO		OFFICER'S NAME		BURNS R30		BADGE NO.		130		CHECKED BY								EJECTION		A		B		C		D		E		F	
1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE																								EJECTION		A		B		C		D		E		F	
1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG																								EJECTION		A		B		C		D		E		F	